

# ACKNOWLEDGMENT OF NOTIFICATION OF FORMAL PHYSICAL EVALUATION BOARD HEARING

For use of this form, see AR 635-40; the proponent agency is DCSPER.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** 5 USC 301 and 10 USC 1214.

**Principal Purpose:** To have as a matter of record the notification to the soldier (*or the individual authorized to act in the soldier's behalf*) of the scheduled formal hearing and the Legal Counsel appointed to represent the soldier's case before the Physical Evaluation Board.

**Routine Uses:** Confirmation that soldier is informed of the date and time of the scheduled hearing and has contacted the Appointed Legal Counsel for counseling or representation. To identify essential witnesses to be secured by the Physical Evaluation Board. The SSN is used to identify the soldier.

**Disclosure:** Disclosure of all data is voluntary. Failure to provide the data may adversely effect the soldier's interests in the presentation of his/her case before the Physical Evaluation Board.

## SECTION I. APPLICABILITY

This form is to be completed by the soldier (*or the individual authorized to act in the soldier's behalf*) upon notification of the scheduled formal the hearing.

## SECTION II. INSTRUCTIONS

The Physical Evaluation Board will forward this form to the soldier with the letter of notification of the scheduled formal hearing. The signed acknowledgment will be filed in the original, PEB, and USAPDA copies of the PEB proceedings.

## SECTION III. ACKNOWLEDGMENT

- I acknowledge receipt of the letter informing me of the date and time of the formal hearing.
- I \_\_\_\_\_ have \_\_\_\_\_ have not contacted the Appointed Legal Counsel identified in the letter.
- I \_\_\_\_\_ will \_\_\_\_\_ will not appear for the hearing.
- I \_\_\_\_\_ do \_\_\_\_\_ do not authorize counsel of record access to my medical records and allied papers, to include the extracting of portions therefrom, if necessary, for the purpose of counseling, assisting in the preparation of, or the preparation of, my case for presentation before a formal hearing before the U.S. Army Physical Evaluation Board.
- I understand that the PEB Recorder will arrange for the attendance of those witnesses that I request who are determined by the Physical Evaluation Board to be essential and reasonably available and who are members or employees of the U.S. Army or another Army Service. I request the individual(s) whom I have listed on the back of this form be summoned as essential witness(es)
- I understand that I am responsible for securing those witness(es) that do not meet the criteria in "5" above and that their appearance is at no cost to the government.

7. PRINTED OR TYPED NAME

8. SIGNATURE

9. ADDRESS

10. SSN

11. PHONE NUMBER

12. DATE